Aging and Disability Resource Connection (ADRC) Advisory Committee Meeting March 17, 2017 Meeting Notes

Committee Members Present:

Teresa Favuzzi Derrell Kelch Betsy Katz Michi Gates

Dani Anderson Elsa Quezada (by phone)

Ana Acton Pam Miller

Paula Margeson Ann Guerra (by phone)

Eldon Luce Maribel Marin

Victoria Jump (by phone)

Jonn Melrose

State Agency Representatives Present:

Dean Fujimoto, CDA Robin Jordan, CDA Marianne Gammon, CDA Karen Jacoby, DOR Paula Acosta, CDA (by Phone) Karli Holkko, DHCS (by Phone)

Agenda Item: Welcome and Introductions

The meeting was called to order and members introduced.

Agenda Item: Review of Agenda and Approval of Notes

The Agenda and January 17th meeting notes were approved.

Agenda Item: Subcommittee Reports

Data and Outcomes:

Robin Jordan, Dani Anderson, Victoria Jump, and Eldon Luce have met once to begin

to analyze data and outcomes. They agreed to start with current reporting practices that the various organizations use, to assess if there are common data elements that everyone collects and how we might extrapolate reports that include important elements across ADRC's.

The Area Agencies all use different reporting systems to collect data and ultimately report to CDA, who in turn report to the Administration for Community Living (ACL). ILC's report to DOR and ACL.

There is a report called the Semi-Annual Reporting Tool (SART) that the ACL utilized with ADRC's. Robin does not recommend **using** it, as it is a "heavy lift" (at least 15 pages), but there might be elements that we could use.

The group discussed the possibility of contacting some of the highest functioning States to see if we could borrow some of their reporting metrics and glean from them what had been effective.

Derrell offered that he wanted to build on what we had and not ask more of people than they are already doing.

Karen Jacoby suggested using Survey Monkey as a data collection tool. It is used at DOR in this way. And it would offer an online collection point for all ADRC's to feed into as well as providing potential for digital malleability of data.

Derrell Kelch suggested consulting with a data collection person at CDA to advise regarding collection methods, etc. Dean Fujimoto agreed, but recommended that the committee first identify the data they would like to collect and then consult the data person.

The data collection group has only met once and will meet again in April. Derrell Kelch asked that the group deliver a timeline to the Advisory Committee detailing when they can deliver recommendations for the actual data that is to be collected.

Sustainability:

John Melrose offered the information that the VA Administration is likely to get a lot more money from the Trump administration. He recommends pushing Reno VA and NorCal, too. He thinks that some of the new money coming to VA is targeted for community health programs. He also reviewed the Health and Human Services budget and despite significant cuts in other areas, monies that support direct health

care services are staying in the budget.

The budget also invests in mental health activities "awarded to high performing entities". He has a contact at the Federal level that might be able to describe what constitutes a "high performing entity", in which case we could actually tailor a report to what the Feds want to see.

Agenda Item: CCT and Partner Updates

CCT

Karli Holkko attended by telephone and provided the following updates regarding CCT:

The CCT operational protocol and sustainability plan have been updated and submitted to CMS for approval at the end of February. The operational protocol was cut down significantly, but is still over 100 pages. They will be made available to everyone when they receive CMS approval.

CCT partners will be doing transitions this year and through the end of 2018. They are tracking their transition numbers very closely to make sure they are meeting their benchmarks. In 2016, they believe they will have about 540 transitions completed; some data is still flowing in, but so far they have gotten to 495 which is 92% of the benchmark.

CCT still plans to organize a Home and Community-Based Services work group. This will be an opportunity to look at CCT services that are utilized the most frequently and determine whether they can be implemented in the current 1915c waiver. We have not yet proceeded due to work on the sustainability plan and final approval on our nursing facility/acute hospital waiver. We are changing that model significantly and want to get approval from CMS. Once we have approval we can be more thoughtful about how to incorporate CCT services.

The assisted living waiver is at capacity at 3700 slots. There is a hold on accepting new applications. They have several hundred applications that need to be reviewed, and hopefully find slots for. The program has normal attrition every month, but not quite enough to meet demand. Acceptance of new applications will be paused from March 22 – May 21st. Applications we currently have will be put on the waitlist in order of date received.

We are working very hard to try to increase capacity, but we are tied to the budget process. We will be putting forward a proposal and best case scenario is we could get something approved next year when the budget passes.

Ana Acton asked Karli how transitions will be effected by the fact that there are no AL waivers available. Karli responded that about 40-45% of the CCT transitions are to ALW. Karli wants to have discussions with CMS about whether they can hold spots for CCT transitions because they are a win-win for all.

Ana followed up asking, "Is there an incentive, or is anyone partnering with the nursing homes, where the SNF might help offset the cost of private housing so that a client can proceed with a transition? Would the nursing home be willing to pay a portion of the housing until the subsidized Section 8 voucher becomes available to the person? Ana thinks that nursing homes are losing money on Medi-Cal patients, which might create incentive for nursing homes to help move them out.

Karli offered to talk with Ana separately and facilitate a conversation with California Association of Health Facilities to determine the viability of such a plan.

Paula Margeson asked if CCT will be discontinuing transitions in 2019. Karli affirmed this fact, but acknowledged that transitions from SNF's will continue as they always have.

<u>DDS</u>

Michi Gates initiated a discussion about Person Centered Training/Thinking/Planning. Regional Centers are going through Person-Centered Thinking training because of the CMS rules that are coming into effect in two years. Department of Development Services received funding that is being used to support PCT training for their staff. Their plan is to identify four people who will become certified PCT trainers and then those people will be used to train the rest of the staff.

A discussion ensued about what defines person centered training: Michi ultimately offered that it was a process that forced staff to put the client/consumer at the center of the planning process.

John Melrose offered that he had found a Power Point presentation on line about Person Centered Thinking. It is at

http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs16_191036.pdf.

ILCs

Teresa Favuzzi asked Ana Acton to discuss the monies DOR is providing to ILC's. DOR is providing \$600,000 in transition funds to ILC's to be utilized between May 1st and Sept 30th. This is short term, one time funding.

North Bay Regional Center got money to contribute towards developing a Federally Qualified Health Center in Sonoma County, which they hope to open by Jan 2018.

Agenda Item: Rotation of Committee Chairs

The group discussed the origins of the charter, acknowledging that it might need some updating. The two particular issues they discussed were rotation of the Committee Chairs and establishing a process for commenting on pending legislative issues.

Eldon agreed to form a committee to look at reform to the charter. Paula Acosta, John Melrose, Ana Acton, Paula Margeson and Ann Guerra volunteered to assist. Topics for the committee to address:

- Process for electing and serving as chair
- Process for analyzing pending legislation and making official recommendations
- Developing operating standards for accessible documents distributed and used by the committee that are agreed to and upheld

Agenda Item: Presentation of the Older Individuals Who Are Blind (OIB) Program

Presenters: Ana Acton, Dani Anderson, and Paula Margeson

OIB targets older individuals who are blind or low vision. It has dedicated funding through the DOR. 80% of people who are legally blind become so after the age of 55, so there is tremendous need for this program. The goals for the program are to increase independence, provide opportunities for empowerment and full inclusion into the community. The funding is administered by the DOR. There is a menu of services that centers can offer, not all centers offer the same services. Some of the services are:

- Navigation skills inside and outside the home including in common community situations like grocery stores and mass transit
- Alternative technology evaluation and provision
- Supportive services including leader services, transportation, personal services, support services and interpreters.

There are 21 sites offering the program, that are a mix of ADRC's, ILC's and community based not for profits. Almost all services are delivered in the home.

A suggestion was made to schedule committee meetings earlier on the same day as the Advisory Committee meeting. This was generally supported by the group.

Next Steps:

- Robin will contact Jose Garcia, Medi-Cal Administrative Activities Unit to present at the next meeting
- Robin will follow up on travel reimbursement issues
- Jonn Melrose will present on VA Benefits next meeting
- First hour of next meeting will be for Subcommittee groups to meet

Next ADRC Advisory Committee Meeting:

The next ADRC Advisory Committee Meeting will be on Friday, May 19, 2017, in Sacramento at the California Foundation for Independent Living Centers.